

24 Hour Benefits

With Accident Coverage

\$2,000 / \$5,000 / \$7,500 / \$10,000

Accident Medical Expense Options



**Members receive UNLIMITED
CallMD calls per year/per family!**

CallMD physicians provide medical advice, diagnosis & treatments in one-on-one phone consultations 24 hours a day, 7 days a week.

English and Spanish language services available!

Cost of UNLIMITED consultations with a CallMD Doctor is INCLUDED in your NEA membership.

Have You Ever...

- *Needed a doctor in the evenings or on the weekends?*
- *Needed a prescription* called in to your pharmacy?*
- *Needed to talk to a doctor about a non-emergency illness?*

CallMD is the answer.

CallMD is Not Insurance. Benefit Effective 30 Days After Date of NEA Membership. CallMD is not a replacement service for medical emergencies. In the event of a life-threatening health emergency, members should call 911 or their local emergency services first. *No DEA Controlled Substances or Narcotics Allowed.



EMERGENCY HELICOPTER AIR AMBULANCE

**The program will reimburse eligible members for a
“Covered Injury” up to a maximum of:**

\$7,000.00 per occurrence/per individual

Benefit in excess of all other valid collectable insurance.

**WORLDWIDE
COVERAGE**

*Most medical plans
only cover ground
ambulance.*

Insurance is underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies. The coverage described in this literature may not be available in all jurisdictions. This literature is descriptive only. Actual coverage is subject to the language of the policies as issued. Exclusions & Limitations Apply. This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. The expected benefit ratio for this policy is 85%. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy. **IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.** Chubb, Box 1615, Warren, N.J. 07061-1615.

24 HOUR ACCIDENTAL DEATH and DISMEMBERMENT (“AD&D”) & ACCIDENT MEDICAL EXPENSE INSURANCE*

NEA membership includes your choice of Accident Medical Expense Options:

	Option 1	Option 2	Option 3	Option 4
AD&D Maximum Benefit Amount ¹	\$2,500	\$5,000	\$7,500	\$10,000
Accident Medical Expense (“AME”) max benefit amount	\$2,000	\$5,000	\$7,500	\$10,000
AME Deductible	\$50	\$100	\$250	\$275
Monthly Rates <i>NO Enrollment Fee!</i>	\$29.95 Per Individual	\$39.95 Per Individual	\$44.95 Per Individual	\$54.95 Per Individual
	34.95 Per Family	44.95 Per Family	54.95 Per Family	64.95 Per Family

¹ The benefit amount shown is your accidental death benefit amount. The benefit amount for accidental dismemberment is a percentage of the accidental death amount. The benefit amount for your spouse/domestic partner is 50% of your amount and for your dependent children is 20% of your amount. If you have no dependent children, your spouse/domestic partner's benefit amount is equal to 60% of your amount. If you have no spouse/domestic partner your dependent children's benefit amount is equal to 25% of your amount.

*Please see the enclosed Summary of Benefits for a complete description of the benefits, exclusions and limitations.



Over
120,000
Dental
Locations
Nationwide!

Start
Saving
Immediately!

**DISCOUNT BENEFITS
ARE NOT INSURANCE
AND ARE NOT AVAIL-
ABLE IN ALL STATES**

Dental Savings
of 25% - 40%

Vision and LASIK
Savings of 10% - 50%

X-Rays & Imaging
Savings of 10% - 80%

Diabetic Supplies
Savings of 15% - 48%

Rx Prescription
Avg. Savings of 22%

Lab Tests
Savings of 10% - 70%

Hearing
Savings of 35% - 65%

Chiropractic
Savings of 10% - 60%



NATIONAL EMPLOYERS ASSOCIATION ENROLLMENT FORM



Including 24 Hour Accident Benefits

NO ENROLLMENT FEE!

Monthly Rates Shown.

Monthly price varies based upon the AD&D and Excess Accident Medical Insurance plan selected. Price indicated is a package price including AD&D insurance, Excess Accident Medical Expense insurance and all other benefits and services included with membership in National Employers Association. For all plans available, the cost of the insurance is no more than 30% of the total package price.

Rates Listed Include a \$9.95 monthly administration fee.

- | | | |
|-----------------|---|---|
| OPTION 1 | <input type="checkbox"/> \$29.95/Individual | <input type="checkbox"/> \$34.95/Family |
| OPTION 2 | <input type="checkbox"/> \$39.95/Individual | <input type="checkbox"/> \$44.95/Family |
| OPTION 3 | <input type="checkbox"/> \$44.95/Individual | <input type="checkbox"/> \$54.95/Family |
| OPTION 4 | <input type="checkbox"/> \$54.95/Individual | <input type="checkbox"/> \$64.95/Family |

MEMBER (MAXIMUM AGE 64)		<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
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LAST Name:		FIRST Name:		Middle Initial:
Date of Birth:	SSN:	Home Phone:		
Address:		Work Phone:		
City:	State:	ZIP Code:		
Email Address: (Will not be shared with third parties)				
Occupation:		Beneficiary:		

FAMILY MEMBERS List spouse (Maximum age 64) and dependent children to age 19 or full-time student under age 25
Please use a separate sheet if necessary.

NAME	AGE	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY #	(SEX) M / F

I AGREE TO THE TERMS AND CONDITIONS OF NEA MEMBERSHIP AS LISTED ON THE REVERSE SIDE OF THIS FORM.

Member Signature: X **Date:**

NEA AUTHORIZATION TO HONOR CHECKS, SHARE DRAFTS, OR ACCOUNT DEBITS

MONTHLY LIST BILL (MIN. OF 5) MONTHLY BANK DRAFT MONTHLY CREDIT CARD DRAFT

If paying by credit card—Add \$3.00 monthly to above rates. **MONTHLY FEE FOR PLAN SELECTED: \$_____ .95**

AUTOMATIC BANK DRAFT PAYMENT AUTHORIZATION (Complete only if **Monthly Bank Draft** is selected & Include voided check)

Depositor Name (as it appears on bank records) :

Depositor Signature: X	Date:		
(If joint acct.) Add'l Signature:	Date:		
Bank Name:	City:	State:	Zip:
Routing #:	Account #:		

As a convenience to me, I authorize you to pay and charge to my account checks, share drafts, electronic fund transfer debits or other account debits made upon my account by and payable to the order of the entity designated above or its legal representative for membership or benefits. I agree that your treatment of each check, share draft or debit, and your rights with respect to it, will be the same as if it were signed or initiated personally by me. I further agree that if any check, share draft or debit is dishonored for any reason you will not be under any liability even though dishonor results in the forfeiture of benefits or membership. I further agree that this authorization is to remain in effect until you receive written notice from me of its revocation; unless you end it earlier.

AUTOMATIC CREDIT CARD AUTHORIZATION (Complete only if **Monthly Credit Card Automatic Payment** is selected)

<input type="checkbox"/> Visa	Card No.:	EXP Date:	CVV Security Code:
<input type="checkbox"/> MasterCard			
Name of Cardholder:			
Cardholder Signature: X		Date:	
Representative Name:	Representative Writing #:	Representative Phone #:	

Accident Insurance Summary of Benefits

Maximum Benefit Accident Medical Expense (AME) Per Covered Accident	AME Deductible	AME Dental Sub-Limit ²	AME Physical Therapy Sub-Limit ²	AME Orthopedic Appliance Sub-Limit ²	AME Transportation Sub-Limit ²
\$2,000	\$50	\$500	\$500	\$500	\$200
\$5,000	\$100	\$1,250	\$1,250	\$1,250	\$500
\$7,500	\$250	\$1,875	\$1,875	\$1,875	\$750
\$10,000	\$275	\$2,500	\$2,500	\$2,500	\$1,000

² The Benefit Amounts shown above for Dental, Physical Therapy, Orthopedic Appliance, and Transportation are part of, and not in addition to, the Maximum Benefit Amount for Accident Medical Expense. Payment of these Benefit Amounts reduces and does not increase the Benefit Amount for Accident Medical Expense.

AD&D Insurance provides coverage for accidental loss of life or dismemberment according to the following schedule:	% of Benefit Amount
Accidental loss of: life; or speech & hearing; or speech & one of a hand, foot or sight of an eye; or hearing & one of a hand, foot or sight of an eye; or both hands; or both feet; or sight of both eyes; or a combination of any two of a hand, a foot or sight of an eye.....	100%
Accidental loss of: one hand; or one foot; or sight of one eye; or speech; or hearing.....	50%
Accidental loss of: thumb & index finger of the same hand.....	25%

If an insured person has multiple losses as the result of one accident, the policy will only pay the single largest benefit amount applicable.

24-Hour AD&D insurance: covers you 24 hours a day, 365 days a year, anywhere in the world while at work or at play.

Accident Medical Expense: This benefit will reimburse up to the maximum amount if accidental bodily injury causes you to first incur medical expenses for care and treatment within 90 days after an accident. The benefit amount for accident medical expense is payable only for medical expenses incurred within 52 weeks after the date of the accident causing the accidental bodily injury. The benefit amount is subject to the deductible and the maximum benefit amount. Payment of the benefit amount for accident medical expense is subject to the sub-limits for dental, physical therapy, orthopedic appliances and transportation expenses shown. In no event will total payments for your dental care and treatment, physical therapy, orthopedic appliances, transportation and medical expense exceed the benefit amount for Accident Medical Expense. For residents of CT, ID, IN, MD, NJ, NY, and SD, this benefit is payable on a primary basis. For residents in all other jurisdictions, this benefit is payable on an excess basis; we will determine the reasonable and customary charge for the covered medical expense. We will then reduce that amount by amounts already paid or payable by any other plan and will pay the resulting amount less the deductible. In no event will we pay more than the maximum benefit amount. The deductible will be deducted from any benefit amount for Accident Medical Expense that is paid. This Deductible applies separately to each Insured Person and each Accident. Limitation on Accident Medical Expense: This benefit does not apply to charges and services 1) for which you have no obligation to pay; 2) for any injury where worker's compensation benefits or occupational injury benefits are payable; 3) for any injury occurring while fighting, except in self-defense; 4) for treatment that is educational, experimental or investigational in nature or that does not constitute accepted medical practice; 5) for treatment by a person employed or retained by the Policyholder; or 6) for treatment involving conditions caused by repetitive motion injuries, or cumulative trauma and not as the result of an accidental bodily injury. This insurance applies only to medically necessary charges and services.

Extensions of Insurance: **Exposure** – If an accident causes you to be unavoidably exposed to the elements and as a result of such exposure you have a loss, then such loss will be insured under the policy. **Disappearance** – If you have not been found within 1 year of a disappearance, stranding, sinking, or wrecking of any conveyance in which you were an occupant at the time of the accident, then it will be assumed, that you have suffered loss of life insured under the policy.

Exclusions: Insurance does not apply to any Accident, Accidental Bodily Injury or Loss when the United States of America has imposed any trade sanctions or there is another legal prohibition to providing the insurance, or when caused or resulting from: **1)** an Insured Person acting/training as a pilot or crew member. (unless temporarily performing duties in a life threatening emergency.); **2)** an Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection (unless the bacterial infection is caused by an Accident or by Accidental consumption of a substance contaminated by bacteria.), bodily malfunctions or medical or surgical treatment thereof. ; **3)** an Insured Person's commission or attempted commission of any illegal act, including but not limited to any felony; **4)** an Insured Person being incarcerated after conviction; **5)** an Insured Person being intoxicated, at the time of an Accident.; **6)** an Insured Person being under the influence of any narcotic or other controlled substance at the time of an Accident. (unless taken and used as prescribed by a Physician.); **7)** an Insured Person's participation in active military service (except for the first 60 consecutive days of active military service); **8)** an Insured Person's suicide or intentionally self-inflicted injury; **9)** a declared or undeclared War.

Description of Coverage: Once you are enrolled in the plan, you will receive a description of coverage. **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Insurance is underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies. The coverages described in this literature may not be available in all jurisdictions. This literature is descriptive only. Actual coverage is subject to the language of the policies as issued (Policy # 9906-99-25 & 9906-99-26). Exclusions Apply. This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. The expected benefit ratio for this policy is 85%. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.

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NATIONAL EMPLOYERS ASSOCIATION (NEA) TERMS AND CONDITIONS

1. Member understands that NEA is not an insurance company or program. Accident Benefit Payments are made by the insurance company issuing the blanket coverage to Members. 2. NEA provides savings to its members on services through a number of sources. The current list of benefits may be modified through additions or deletions. A quarterly newsletter, posted on our web site or sent via e-mail, will keep Members up to date on benefits and other pertinent information. 3. Payments for the NEA Program are due in advance. Payments will be drafted on or about 15 days before the due date. If you choose to cancel your program, it is your responsibility to make sure that your membership card and a written request for cancellation are sent to NEA at least 15 days prior to the anniversary of your effective date in order for your account not to be charged for additional fees. 4. Member hereby appoints, National Employers Association (NEA) President, or failing this person, a NEA Director, as proxy holder for and on behalf of the member with the power of substitution to attend, act and vote for and on behalf of the member in respect of all matters that may properly come before the meeting of the members of NEA and at every adjournment thereof, to the same extent and with the same powers as if the undersigned member were present at the said meeting, or any adjournment thereof. Annual meetings are to be held in Arizona the second Tuesday of August. 5. NEA reserves the right to terminate any enrollment or deny eligibility in the program for lack of payment to NEA. Returned checks, insufficient notices on bank drafts or denial by the member's credit card company for payment of the membership fee is deemed to be evidence of non-payment by a member. There will be a \$10.00 charge to be reinstated in the program after such denial. If reinstatement for non-payment happens more than once, a \$20.00 reinstatement fee will apply. 6. In the event of any dispute, member agrees to resolve said dispute solely by binding arbitration that shall be governed by the laws of the state of Arizona and enforceable at Scottsdale, Maricopa County. 7. Membership canceled within the first 30 days of the enrollment date may be eligible for refund if the membership card and written cancellation request are sent to NEA. The administrative fee is not refundable. Approved refunds will be processed approximately 30 days after the cancellation. 8. Membership is effective on the 1st of the month following enrollment acceptance by NEA.

Member Agreement: By signing your enrollment form, Member expresses desire to become a member of National Employers Association. Member acknowledges that the discount plans ARE NOT INSURANCE, but membership includes certain limited supplemental insured coverage's. Membership benefits are not a replacement for health insurance coverage nor are they intended as a substitute for health insurance coverage. Membership fees may change for all members, but not individually, with notification.

SEND COMPLETED ENROLLMENT FORM AND PAYMENT PAYABLE TO "NEA" TO THE FOLLOWING ADDRESS:

NATIONAL EMPLOYERS ASSOCIATION, 15575 NORTH 79TH PLACE SUITE 100, SCOTTSDALE, AZ 85260

This brochure depicts only a summary of services provided. For complete details, including exceptions & limitations, refer to Membership material.

Marketing Office: (480) 596-6536 ♦ Fax: (480) 596-6518 ♦ email: info@neamemberonline.com